

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

(This return should preferably be made
by the person who made the original)

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. *

Place of Birth Hayden Ariz
(Registration District)

County Gila

No. _____

St. _____

SEX OF CHILD*

Twin	{	and {	Number* in order of birth
Triplet or other?			

I HEREBY CERTIFY that the child described herein has
been named

DATE OF BIRTH* March 4, 1924
(Month) (Day) (Year)

Maria Socorro Connelo Mendoza
(Give name in full) (Surname)

FULL* NAME Aurelio Mendoza
FATHER

FULL* MAIDEN NAME Emilia Malera Mendoza
MOTHER

Charles B. Huether
(Parent's Signature)
(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.
Blank supplemental reports of birth may be obtained from the local registrar.

SM 6-1-38

441-304-541